

## HEALTH & WELFARE

C.L., "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888

May 5, 2010

Jenifer Christensen, Administrator Harmony House Assisted Living II P.O. Box 2792 Hayden, ID 83835-2792

Dear Ms. Christensen:

Congratulations to both you and your staff on your recent deficiency-free survey. In today's world with numerous regulations, it is indeed impressive to see a facility functioning as a team at this level.

Continuing to meet the needs of your residents – while meeting the administrative needs of your business – is a daily commitment to quality ongoing assessment, service planning, and consistent provision of services to each and every resident. The greater challenge is, of course, to be able to work as a team to provide this high level of caring and service day after day, week after week, year after year.

Again, Congratulations to you and your staff for a job well done. I challenge you to keep this same high standard.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Supervisor

Residential Assisted Living Facility Program

JS/sm

Enclosures

Bureau of Facility Standards

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 04/21/2010 13R821 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 9967 NORTH MAPLE AVENUE HARMONY HOUSE ASSISTED LIVING II **HAYDEN, ID 83835** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 000 R 000 Initial Comments The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard health care survey conducted at your facility. The surveyors conducting the survey were: Matt Hauser, QMRP Team Coordinator Health Facility Surveyor Donna Henscheid, LSW Health Facility Surveyor Rae Jean McPhillips, RN, BSN Health Facility Surveyor

Bureau of Facility Standards

TITLE

(X6) DATE